Rev. 4/59 1					SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $\frac{-62-0232}{}$	7 6_
VS 300 Rev. 4/59 1 1. FLACE OF DEATH 2. COUNTY JackSon 3. COUNTY JackSon 4. COUNTY JackSon 5. CITY (If noticide corporate limits, give TOWNESHEP only) 1. COUNTY JackSon 5. CITY (If noticide corporate limits, give TOWNESHEP only) 1. COUNTY JackSon 5. CITY (If noticide corporate limits, give TOWNESHEP only) 1. COUNTY Kansas City 1. COUNTY JackSon 5. CITY (If noticide corporate limits, give TOWNESHEP only) 1. COUNTY JackSon 1. COUNTY JackSon 1. CITY (If noticide corporate limits, give TOWNESHEP only) 1. COUNTY JackSon 1. COUNTY Jac	DO NOT WRITE				Registration District No	
Decree of the cutter corporate limits, pie toWRSHIF only Langth of any in Ib C. CITY India Company Company	ON THIS STUB		1 1		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	ce before
3 A. MARE OF BECEASED FIRST Middle Last J. DATE Month Day				1-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Insid	le Limits
3 4 1 5 6 1 1 1 1 1 1 1 1 1		XE				No □
3 A. MARE OF BECEASED FIRST Middle Last J. DATE Month Day	1	u V		-	C. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)	on Farm
3 A. MARE OF BECEASED FIRST Middle Last J. DATE Month Day	23748	, A		I _	institution Saint Lukes Hospital Yes 🛭 No 🗆 1710 Concord Cout Apt Yes 🖂	□ No Ø
Martha C. Miller Beath June 18 1 5. SEX 6. COLOR OR RECE 7. Married Note with a continuous process of the continuous pro				1-		Year
Second Conditions Fame Wisher Wisher Co Cashier La Ransas City. Miss duri U. S.			11	I _	Martha C. Miller DEATH June 18 1	1962
TO DE SUPERIOR OF STATE OF WHAT COMPTIONS OF HUMBERS OR INDUSTRY II. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COMPTIONS OF HUMBERS OR INDUSTRY II. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COMPTIONS OF HUMBERS AND III. BASED OF AUSBANDO BY AND III. III. AND III. AND AND AND AND III. III. AND AND AND AND III. III. AND AND AND AND AND III. III. AND AND AND AND AND III. III. AND					5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF U	NDER 24 HI
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13. FATHER'S NAME 13. MATE OF PUSSAND OR WIFE 13. MAS DECRASED EVER IN U.S. ARMED FORCES? 12. SOCIAL SECIENTY MADE 17. INFORMANT Address 17. INFORMANT Address	6	§ §			during most of working life, even if retired)	Δ ,
15. WAS DECEASED EVER IN U.S. ARMED PORCES? 10 9/53.9. 10 10 11 10 11 12/6-0 11 12/6-0 11 12/6-0 13 14 15 16 17 18. CAUSE OF DEATH (Enter only one cause per line to part in the par	7 0	희		7		. д.
Yes, no, experience Sarah E. Miller, 1710 Concord Ct.		호				
18. CAUSE OF DEATH (Enter only one cause per line to the part of DEATH (ASSE DRY). 19. WAS AUTOPS? 20. ACCIDENT SUICIDE HOMICIDE 20. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item PART II. I attended the decessed from 10 COUNTY Not White Att WORK 10 Death occurred at		\		ľ	12. 0.	, Mo.
INMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), staining the underlying couser last. DUE TO (c)	9/53.8	w		-		
Which gave rise to above course (a), stating the underlying covered (b), stating the underlying cause last. NO SI NO	10	⋖	EN			ND DEATH
Which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	11	CIYII			IMMEDIATE CAUSE (a) Carun one of Culm c general 122 mc Tratista	<u> </u>
Not white at work 20c. Image of Hour part 10	12// 0			3	Conditions, if any,) DUE TO (b)	
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23a. BURIAL, CREMATION, Cabboate 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Burial 6-21-62 Mt. Moriah Kansas City, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 7	_ ¥ _ F			H		
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but a meetare, names city, no. 6-17-62		TEM	\bullet	_		
(Licensed Embalmer's Statement on Reverse Side)	1	1-11	1 1 1 2	1 5		l

STATEMENT BY LICENSED EMBALMER

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	Note:	The	above	MUST	BE SI	GNED	BY THE	LICENSED	EMBAL	MER in hi	s OWN	ر HANDWRITI	ING.	(Failure	to compl	/ ly	

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.